

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME			SSN or EMPLOYEE NUMBER*		DEPARTMENT		
POSITION		CB/ID No.	DIVISION or BUREAU			INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS			TELEPHONE NUMBER	
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE

(1) NORMAL WORK HOURS				(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED						
(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
(5) DATE	TIME										MILES			AMOUNT
(13) SUBTOTALS														
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	<div>AGENCY ACCOUNTING OFFICE USE ONLY</div> <div>PAID BY REVOLVING FUND CHECK NUMBER</div>
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(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	
CLAIMANT'S SIGNATURE	DATE
(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	
DATE	

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(3) MILEAGE RATE CLAIMED

\$344.39

Please note : The Director parks in short-term parking, as a reasonable accommodation.

DATE _____